GRANTING PROGRAM APPLICATION

2018-20 Community Partnerships Granting Program Application Receipt Deadline: Monday, December 10, 2018, 5 PM P.S.T.



Name of Organization:	
Federal Tax ID #:	
Address:	
City:	Zip Code:
Contact Person:	
itle:	
hone Number:	
Email Address:	
Nebsite Address:	
	CERTIFICATION:
I VERIFY THAT ALL OF T	HE INFORMATION IN THIS GRANT APPLICATION IS TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE.
ignature:	Date:
int Name:	
ear Organization Founded:	
nnual Budget for Last Year:	□ Fiscal Year □ Calendar
your organization currently receiving lin ☑No ☐Yes - please indicate the type an	ne-item funding, in-kind support, or a subsidy from the City of Ventura? and amount of funding or support:
	\$
	\$
	\$

РK	OPOSAL NARRATIVE
Ple	ase address the following criteria:
	Community Need/Impact – 40 points (Maximum 350 words) Please provide data that indicates that the project or programs proposed by the organization are vital and are not be duplicated by the City of Ventura or other organizations.

project/program?	e nts Served – 25 poin ic project/program and	now many City of Ve	entura residents will	utilize or be served	annually by t

and fundiaisii	al and Fiscal Capac administrative and go ng process and the sta	itus of any long-rang	je pianning.	

a. b.	ssion Statement & Alignment – 10 points (Max 300 Words) Include organizational mission statement. Describe how the organizational mission statement aligns with community priorities and the eligibility category for which you are applying.